

## PART B—ISSUE FEE TRANSMITTAL

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## 1. CORRESPONDENCE ADDRESS

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## 2. INVENTOR(S) ADDRESS CHANGE (Complete only if there is a change)

## INVENTOR'S NAME

## Street Address

## City, State and ZIP Code

## CO-INVENTOR'S NAME

## Street Address

## City, State and ZIP Code

☐ Check if additional changes are on reverse side

RECEIVED  
Publishing Division  
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## SERIES CODE/SERIAL NO.

## FILING DATE

## TOTAL CLAIMS (S)

## EXAMINER AND GROUP ART UNIT

## DATE MAILED

08/526,379

09/11/95

016

JACKSON, Gail M. 3309

06/11/96

## First Named Applicant

ZOHMANN,

WALTER A.

## TITLE OF INVENTION

ATRAUMATIC NEEDLE FOR LUMBAR PUNCTURE

(Signature)

(Date)

## ATTY'S DOCKET NO.

## CLASS-SUBCLASS

## BATCH NO.

## APPLN. TYPE

## SMALL ENTITY

## FEE DUE

## DATE DUE

3

1234.001

604-272-000

A89

UTILITY

YES

\$625.00

09/11/96

## 3. Correspondence address change (Complete only if there is a change)

4. For printing on the patent front page, list the names of not more than 3 registered patent attorneys or agents OR; alternatively, the name of a firm having as a member a registered attorney or agent. If no name is listed, no name will be printed.

Levisohn, Lerner,  
Berger, Langsam

2

810 BL 08/30/96 08526379

## 5. ASSIGNMENT DATA TO BE PRINTED ON THE PATENT (if any)

## (1) NAME OF ASSIGNEE:

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(ENCLOSE PART C)

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The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

8/20/96

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